

Case Number:	CM14-0162780		
Date Assigned:	10/28/2014	Date of Injury:	01/13/2012
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 36 year old employee with date of injury of 01/13/2012. Medical records indicate the patient is undergoing treatment for degenerative disc disease of the cervical spine. Subjective complaints include neck pain radiating extending into the left upper extremity, left interscapular pain and shoulder pain. Objective findings include decreased cervical range of motion, slight weakness and decrease in the biceps reflex on the left. Treatment has consisted of physical therapy (without symptomatic improvement), Advil, Vicodin and acupuncture. The utilization review determination was rendered on 09/23/2014 recommending modification of a Cervical epidural steroid injection left C6 times two.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical epidural steroid injection left C6 times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The MRI findings note significant disc protrusion (5mm) at C5-C6 level and no significant foraminal stenosis at that level. The EMG/NCV showed no electro-diagnostic evidence of cervical radiculopathy bilaterally - with possible evidence of a mild left C6 radiculopathy irritation. The patient has had a trial and failure of physical therapy without symptomatic improvement. The previous reviewers recommendations to modify the treatment to one left C5-C6 epidural steroid injection is appropriate. However, the current request is for two injections which is in excess of the one recommended by guidelines. As such, the request for Cervical epidural steroid injection left C6 times two is not medically necessary.